

Work Order ID 119242

119242

Page 1

May-14-14 10:25:06 AM

Item ID: D4634-143

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop *NS2*

Item Name: Middle, Center Ceiling Replacement Panel Assembly

Start Date: 5/14/14 Start Qty: 1.00

1

Cust Item ID:

Required Date: 5/14/14 Req'd Qty: 1.00

1

Customer:

Reference:

Run Start *NR1*

Approvals: Process Plan: MLS Date: 14-05-14 Tooling: _____ Date: _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4634	F								

100

0.00

100

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Pick Kit

① SMD 14/06/10

110

0.00

110

Small Fab

Memo

0.00

Small Fab

Assemble as per Dwg. D4634-143

Scotch-Weld B00L B# m127154

1- Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash& wipe

2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.

Batch # m149001Expiry Date 12/06/20143- Apply labels as per Dwg. and seal with 3M 3950 edge sealer m124725

① SMD 14/06/10

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 119242

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Page 2

May-14-14 10:25:06 AM

Item ID: D4634-143

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N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Middle, Center Ceiling Replacement Panel Assembly

Start Date: 5/14/14

Start Qty: 1.00

1

Cust Item ID:

Required Date: 5/14/14

Req'd Qty: 1.00

1

Customer:

Reference:

Run Start

NR1

Stop

NR2

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

125

QC5- Inspect part completeness to step on W/O

0.00

125

QC

Memo

0.00

Quality Control

130

Identify as per dwg & Stock Location: MF

0.00

130

Packaging

Memo

0.00

Packaging

① STD 14/06/10

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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119242

Page 3

May-14-14 10:25:06 AM

Item ID: D4634-143

Accept

N900040100

Setup Stop

NS1

Revision ID:

Stop

NS2

Item Name: Middle, Center Ceiling Replacement Panel Assembly

Start Date: 5/14/14 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 5/14/14 Req'd Qty: 1.00 *1*

Customer:

Reference:

Run Start

NR1

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop

NR2

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

MCS 14-06-11
MF
14-6-10

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div style="width: 30%;"> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div style="width: 30%;"> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div style="width: 30%;"> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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Doc/Data											
Equip/Tooling											
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Material											
Operator											
Offset/Setup											
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Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
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Picklist Print

May-14-14 10:25:11 AM

Page 1

Work Order ID: 119242

119242

Parent Item: D4634-143

D4634-143

Parent Item Name: Middle, Center Ceiling Replacement Panel Assembly

Start Date: 5/14/14

Required Date: 5/14/14

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A New Issue 13/02/05 DL VERIFIED BY:JLM IPP Rev.
B Dwg. Update 13/07/09 DL verf: DD IPP Rev. C Dwg
Update remove channels add foam 13/12/23 DL IPP REV D. 14/01/20 Dwg
Update DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4647-1		Manufactured	No			100	Each	4.0000	1	1			
D4647-1									**	57m		14/06/10	
Doubler													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				MF3				4					
					113949			4	B117 655		(1)		
D5021-3		Manufactured	No			100	Each	3.0000	1	1			
D5021-3									**	SAD		14/06/09	
Foam, Center Panel, Middle													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				therm				3					
					114044			3	B116254		(1)		
MS20426AD3-4		Purchased	No			100	Each	7,749.000	4	4			
MS20426AD3-4									**	SAD		14/06/10	
RIVET													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				MF4				321					
					125578			321					
				ST334				3180					
					m127432			3180					
				ST509				4248					
					125578			4248					

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

Page 3

May-14-14 10:25:11 AM

Work Order ID: 119242

119242

Parent Item: D4634-143

D4634-143

Parent Item Name: Middle, Center Ceiling Replacement Panel Assembly

Start Date: 5/14/14

Required Date: 5/14/14

Start Qty: 1.00

Required Qty: 1.00

D4664-5

Manufactured No

100 Each 182.0000 6 6

**

SAD 4/16/10

D4664-5

Spacer

Location

Loc Qty

Loc Code

MF3

57

111711

9

115338

48

ST118

125

114727

45

114886

80

B119 821

6

D4712-1

Manufactured No

100 Each 54.0000 2 2

**

SAD 4/16/10

D4712-1

Bracket

Location

Loc Qty

Loc Code

MF4

44

111979

8

114661

1

117674

35

ST120

10

113700

10

~~B117855~~ 2
B117674

D4732-21

Manufactured No

100 Each 10.0000 1 1

**

SAD 4/16/10

D4732-21

Label

Location

Loc Qty

Loc Code

MF4

10

111249

10

①

May-14-14 10:25:11 AM

Shop Packet Print

Page 3

DQA: _____ Date: _____



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FAULT CATEGORY

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May-14-14 10:25:11 AM

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Parent Item: D4634-143

D4634-143

Parent Item Name: Middle, Center Ceiling Replacement Panel Assembly

Start Date: 5/14/14

Required Date: 5/14/14

Start Qty: 1.00

Required Qty: 1.00

D4732-25

Manufactured No

100

Each

13.0000

1

1

**

SAD 4/06/10

D4732-25

Label

Location

Loc Qty

Loc Code

MF4

13

10

3

111251

93234

100

Each

673.0000

3

3

**

SAD 14/06/10

MPNY-750S-9-C

Purchased

No

MPNY-750S-9-C

Mounting Pad

Location

Loc Qty

Loc Code

MF4

673

1

672

124058

M127960

3

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

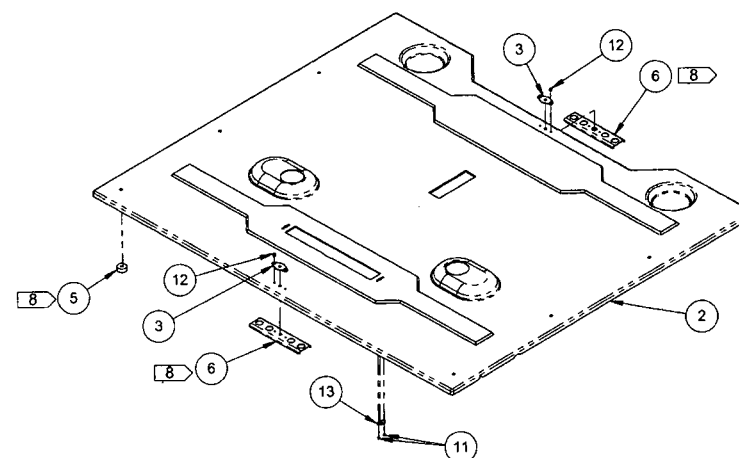
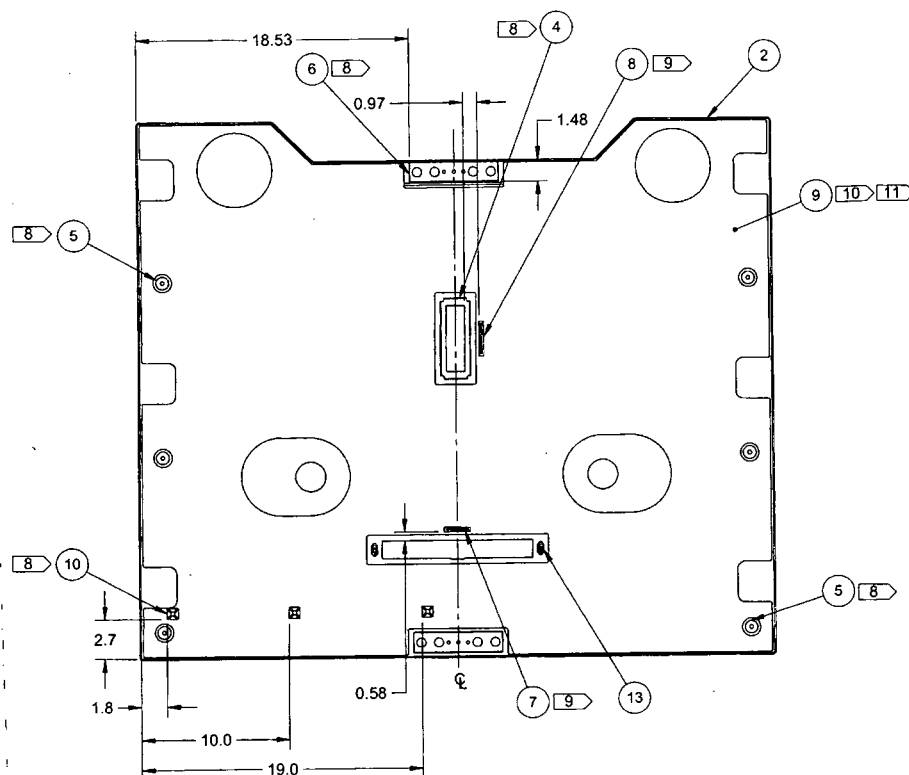
QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

ITEM NO.	QTY. -143	PART NUMBER	DESCRIPTION
1	X	D4634-143	MIDDLE, CENTER CEILING REPLACEMENT PANEL ASSY
2	1	D4634-3	MIDDLE, CENTER CEILING PANEL
3	2	D4636-5	BRACKET
4	1	D4647-1	DOUBLER
5	6	D4664-5	SPACER
6	2	D4712-1	BRACKET
7	1	D4732-21	LABEL
8	1	D4732-25	LABEL
9	1	D5021-3	FOAM, CENTER PANEL, MIDDLE
10	3	MPNY-750S-9-C	MOUNTING PAD
11	4	MS20426AD3-(4)	RIVET
12	4	MS20426AD4-(6)	RIVET
13	2	MS21059L08	ANCHOR NUT



D4634-143 MIDDLE, CENTER CEILING REPLACEMENT PANEL ASSY

RELEASED

2014 FEB 25

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) APPLY A BEAD (0.20 TO 0.30 WIDE) OF DEVCON PLASTIC WELDER II (0.25 INSIDE OF BOTH EDGES OF PART) TO BOND D4647-1, D4664-5 & MPNY-750S-9C.
- 9) LOCATE LABELS AS SHOWN. SEAL LABELS USING 3950 EDGE SEALER OVER LABEL TOP SURFACE
- 10) APPLY AN EVEN COAT OF 3M SCOTCH WELD 1300L CONTACT ADHESIVE TO BOND D5021-3 FOAM CORE TO INSIDE OF PANEL
- 11) CENTER D5021-3 FOAM ON D4634-3

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PC	DRAWING NO.	REV. F
MFG. APPR.	PC	D4634	SHEET 8 OF 17
APPROVED	PC	TITLE	SCALE
DE APPR.	PC	CENTER CEILING PANELS	NTS
DATE	14.02.03	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

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